



Native Village of Eklutna

Application for HAF Covid-19 Relief

For Full and Adoptive Eklutna Tribal Members

This information is confidential. General or un-identifying statistics may be collected for reporting and budgeting.

Applicant Income: _____ per month; _____ per year

Estimated Income, other Household Members: _____ per month; _____ per year

Total Household Income: _____ per month; _____ per year

C. PROOF OF OTHER ASSISTANCE: If you received other Coronavirus Relief assistance, provide details below. NVE may contact you for further information to ensure compliance with Cares Act guidelines. If you need mortgage and/or utility, and received mortgage and/or utility assistance from another source, you must specify who paid, when, what the amount was, and for what month(s) it covered.

D. ANSWER SURVEY: Cares Act funds must be used for necessary expenses in response to the impacts of Covid-19. NVE has identified key allowable items. **Please mark or check all items you could use the funds for if more money were available.** This information will help identify what Tribal Members need most so the tribe can budget for and pursue additional funding.

- Mortgage Water/Sewer/Refuge Electricity/Home Gas or Fuel
- Association fees (HOA or Condo)

E. EXPLAIN WHY YOU NEED ASSISTANCE: Check all boxes that apply to you.

- Lost Job / Need Job Employer Business Closed Reduced Income or Work Hours
- Overcrowded living Rising prices
- Quarantine /exposure/test/travel At risk health conditions Limited transportation
- Increased costs to facilitate healthy mental/physical activities due to social distancing requirements

F. Every person has a different story and experience. The check boxes above only cover common impacts and does not include every situation. **Please ATTACH a statement in your own words** describing how the pandemic (COVID-19) caused you hardship and why financial assistance is a necessary response. **If you need help with writing this statement or have questions, please contact NVE for assistance.**



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G. Your total HAF assistance from NVE may not exceed two months if unemployed per year.

NVE will issue payments to vendors only if proof of need and eligibility are submitted to NVE. This will be critical for meeting audit and compliance requirements.

H. How You Will Use Covid-19 Cares Act Funds. Please list. You must attach a copy of your bill, invoice, formal estimate, store cancelled receipt, shut-off notice, or other proof of cost.

<u>\$ Amount</u>	<u>Name of Payee</u>	<u>Account Number</u>	<u>Address or Other Helpful Info</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature of Applicant: _____ **Date:** _____

Please Print Your Name: _____

FOR NATIVE VILLAGE OF EKLUTNA OFFICIAL USE ONLY

Date Application Received: _____ by: _____ **3-Business-Days Response Required**

Date Application Reviewed _____ by: _____, _____, _____

Does the application include all the necessary backup documents? _____

Does the applicant meet income eligibility? _____

What are the **reasons for ineligibility**? _____

Has the applicant adequately documented COVID impact? _____

Dates of follow up with applicant: _____ Approved:___ Delayed:___ Denied:___

_____ Approved:___ Delayed:___ Denied:___

_____ Approved:___ Delayed:___ Denied:___

_____ Approved:___ Delayed:___ Denied:___

NOTE PAYMENTS MADE IN FILE: Date, Credit Card Charge, Check Number, Payee, Amount